		(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	01	COMPLETED
		15G559	B. WING		02/21/2012
NAME OF E	PROVIDER OR SUPPLIER		STREET A	ADDRESS, CITY, STATE, ZIP CODE	
IVALUE OF TROVIDER OR SOFT EIER				EVERLY DR	
ARC OF	NORTHWEST IND	IANA INC, THE	GARY,	IN 46408	
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL		ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX			PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE
K0000					
			K0000		
	Ī	ode Recertification	KUUUU		
	Survey was cor	•			
	Indiana State D	Department of			
	Health in accor	dance with 42 CFR			
	483.470(j).				
	Survey Date: 0	02/21/12			
	Facility Numbe	r: 001073			
	Provider Numb	er: 15G559			
	AIM Number:	100239890			
	7	. 00233030			
	Surveyor: Rrid	get Brown, Life			
	Safety Code Sp	<del>-</del>			
	Safety Code 3p	recianst			
	At this Life Safe	ety Code survey,			
		est Indiana Inc. was			
	found not in co				
	=	for Participation in			
	Medicaid, 42 C	-			
	1	e Safety from Fire			
	and the 2000 (				
	National Fire P	rotection			
	Association (N	FPA) 101, Life Safety			
	Code (LSC), Ch	apter 33, Existing			
	Residential Boa	ard and Care			
	Occupancies.				
	This one story	facility was fully			
	<u>-</u>	he facility has a fire			
	alarm system v				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

001073

(X6) DATE

Any defiency statement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  15G559		(X2) MULTIPLE CO  A. BUILDING  B. WING	01	COMPLETED 02/21/2012
NAME OF PROVIDER OR SUPPLIER  ARC OF NORTHWEST INDIANA INC, THE		STREET A 2901 BE	ADDRESS, CITY, STATE, ZIP CO EVERLY DR IN 46408	DDE
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PERCEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AF DEFICIENCY)	OULD BE COMPLETION
	detection in the corridors and all living areas. The facility has the capacity for 4 and had a census of 3 at the time of this survey.			
	Calculation of the Evacuation Difficulty Score (E–Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E–Score of 0.9.  Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/22/12.  The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: E4U021

Facility ID: 001073

If continuation sheet

Page 2 of 9

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G559  A. BUILDING B. WING  O1  O2/21/201  STREET ADDRESS, CITY, STATE, ZIP CODE	
15G559 <u>B. WING</u> 02/21/201	012
STREET ADDRESS, CITT, STATE, ZIF CODE	
NAME OF PROVIDER OR SUPPLIER  2901 BEVERLY DR	
ARC OF NORTHWEST INDIANA INC, THE GARY, IN 46408	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX (EACH DEFICIENCY MUST BE PERCEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETION
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY)	DATE
KS051  483.470(j)(1)(i)  LIFE SAFETY CODE STANDARD  A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.  Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.  Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction.	02/28/2012

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: E4U021

Facility ID: 001073

If continuation sheet Page 3 of 9

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/09/2012 FORM APPROVED OMB NO. 0938-0391

	of Correction identification number:  15G559	A. BUILDING  B. WING	01	(X3) DATE ( COMPL 02/21/	ETED	
	PROVIDER OR SUPPLIER  NORTHWEST INDIANA INC, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 2901 BEVERLY DR GARY, IN 46408				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PERCEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	O BE	(X5) COMPLETION DATE	
	02/21/12 at 1:50 p.m., the smoke detector located in the office/living area adjacent to the kitchen was located 18 inches from ceiling fan blades. The maintenance director said at the time of observation, he did not realize the blades were too close to the smoke detector.					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: E4U021

Facility ID: 001073

If continuation sheet

Page 4 of 9

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G559	A. BUILDING 01 COMPLETED 02/21/2012		
10000		B. WING		02/21/2012
NAME OF PROVIDER OR SUPPL	ER		ADDRESS, CITY, STATE, ZIP CODE BEVERLY DR	
ARC OF NORTHWEST IN	DIANA INC, THE		, IN 46408	
` '	SUMMARY STATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	(X5)
· ·	ENCY MUST BE PERCEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
	OR LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCT	DATE
KS056  483.470(j)(1)(i) LIFE SAFETY PROMPT Where an auto installed, for e coverage, the Section 9.7, 3: alarm system The adequacy documented to jurisdiction.  Exception No. facilities, an au accordance wi Installation of two Family Dw Homes, is per not required in ft. and in bathr provided that s lath and plaste minute therma  Exception No. evacuation ca automatic spri with NFPA 13; Sprinkler Syst not required in and in bathroo provided that lath and plaste minute therma  Exception No. evacuation ca automatic spri with NFPA 13; Sprinkler Syst not required in and in bathroo provided that lath and plaste minute therma  Exception No. evacuation ca including four accordance wi	code standard co			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: E4U021

Facility ID: 001073

If continuation sheet Page 5 of 9

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A DITT	LDING	01	COMPLETED	
		15G559	B. WIN			02/21/	2012
			B. WIIV		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF PROVIDER OR SUPPLIER					EVERLY DR		
ARC OF NORTHWEST INDIANA INC, THE							
ARC OF	NORTHWEST IND	IANA INC, THE		GART,	IN 46408		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PERCEDED BY FULL		PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		ΓE	COMPLETION
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)			TAG	DEFICIENCY)		DATE
		upancies up to and Including Height, are permitted.					
	Exception No. 5	: Not applicable					
	•	• •					
	•	: Initiation of the fire alarm					
	-	quired for existing					
	installations in a	ccordance with 33.2.3.5.5.					
	SLOW						
		natic sprinkler system is					
		er total or partial building					
		stem is in accordance with					
	Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The						
		water supply is documented					
	to the authority h	naving jurisdiction.					
	Exception No. 1	: Not Applicable					
	Exception No. 2	: Not Applicable					
	Exception No. 3	: In prompt and slow					
		bility facilities where an					
	•	der system is in accordance					
		Standard for the Installation of					
	Sprinkler Systen	ns, automatic sprinklers are					
	not required in c	losets not exceeding 24 sq.					
		oms not exceeding 55 sq. ft.,					
		ch spaces are finished with					
		or material providing a 15					
	minute thermal t	Damer.					
	Exception No. 4	: In prompt and slow					
		bility facilities up to and					
	•	ories in height, systems in					
	_	NFPA 13R, Standard for the					
	Installation of Sp	orinkler Systems in					
		upancies up to and Including					
	Four Stories in F	leight, are permitted.					
	Exception No. 5	: Not Applicable					
			1				ĺ

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: E4U021

Facility ID: 001073

If continuation sheet Page 6 of 9

STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER: 15G559	A. BUILDING	01	COMPLETED 02/21/2012
		130339	B. WING		02/21/2012
NAME OF F	ROVIDER OR SUPPLIER	8		ADDRESS, CITY, STATE, ZIP CODE EVERLY DR	
ARC OF NORTHWEST INDIANA INC, THE				IN 46408	
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
	*			CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE
PREFIX TAG	Exception No. 6: system is not recinstallations in an IMPRACTICAL Where an autominstalled, for eith coverage, the system in accordadequacy of the to the authority he exception No. 1: Exception No. 2: evacuation capa sprinkler system 13D, Standard for Systems in One and Manufacture water supply, is and closets are supply, is and closets are supply and closets are su	cy MUST BE PERCEDED BY FULL LISC IDENTIFYING INFORMATION)  Initiation of the fire alarm quired for existing coordance with 33.2.3.5.5.  Initiation of the fire alarm decordance with 33.2.3.5.5.  Initiation of the fire alarm decordance with 33.2.3.4.1. The water supply is documented deving jurisdiction. 33.2.3.5.2.  In slow and impractical bility facilities, an automatic in accordance with NFPA for the Installation of Sprinkler and Two Family Dwellings and Homes, with a 30 minute permitted. All habitable areas sprinklered. Automatic for required in bathrooms not aft., provided that such fined with lath and plaster or fing a 15 minute thermal  In Not Applicable.  In impractical evacuation are up to and including four systems in accordance with lath and plaster or fined in the provided that such fined with lath and plaster or fing a 15 minute thermal	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI	COMPLETION
	and closets are	sprinklered. Automatic			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: E4U021

Facility ID: 001073

If continuation sheet

Page 7 of 9

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/09/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA					(X3) DATE S			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		a. Building 01		01	COMPLETED			
		15G559	B. WIN			02/21/	2012	
NAME OF PROVIDER OR SUPPLIER				STREET A	ADDRESS, CITY, STATE, ZIP CODE			
NAME OF TROVIDER OR SOFTEIER				2901 BI	EVERLY DR			
ARC OF NORTHWEST INDIANA INC, THE				GARY,	IN 46408			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG	`	CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	COMPLETION DATE	
TAG		of required in bathrooms not		TAG	DEI (CLERCI)		DATE	
	exceeding 55 sq spaces are finish	. ft., provided that such ned with lath and plaster or ng a 15 minute thermal						
	system is not red	Initiation of the fire alarm quired for existing coordance with 33.2.3.5.5.				nly		
	Based on recor	d review and	KS	056	The fourth quarter flow test wa		02/28/2012	
	interview, the f	acility failed to			found misfiled in the monthly maintenance inspection files.			
	provide docum	entation for testing			assure further compliance, all	10		
	of sprinkler waterflow alarm devices during 1 of 4 quarters during the past year. LSC			flow tests will be given to the Maintenance supervisor to be filed by the supervisor in the F-1 file folders.				
						4		
						-1		
	33.2.3.5.2 refe	rs to LSC section						
	9.7. LSC 9.7.5	refers to NFPA 25,						
	the Standard fo	or the Inspection,						
	Testing, and M	aintenance of						
	Water-Based Fi	re Protection						
	Systems. NFPA	x 25, at 2-3.3						
	requires waterf	low alarm devices						
	including but n	ot limited to						
	mechanical wat	ter motor gongs,						
	vane-type wate	erflow devices and						
	pressure switch	nes that provide						
	audible or visu	al signals be tested						
	quarterly. This	deficient practice						
	could affect all	clients and staff.						
	Findings includ	le:						
	Based on reviev	w of fire system						
	records with th	e maintenance						
	director on 02/	/21/12 at 1:40						

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: E4U021

Facility ID: 001073

If continuation sheet

Page 8 of 9

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/09/2012 FORM APPROVED OMB NO. 0938-0391

	of Correction identification number:  15G559	(X2) MULTIPLE CC A. BUILDING B. WING	01	COMPLET  - 02/21/20	ΓED
	PROVIDER OR SUPPLIER  NORTHWEST INDIANA INC, THE	2901 BI	ADDRESS, CITY, STATE, ZIP CO EVERLY DR IN 46408	DE	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PERCEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE AP DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	p.m., there was no documentation for quarterly inspections of waterflow alarm devices for the fourth quarter of 2011.  Documentation available for review indicated the last sprinkler inspection was done 09/13/11.  The maintenance director said at the time of record review, quarterly inspections were done by his maintenance staff but the documentation for the fourth quarter of 2011 was not available for review.				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: E4U021

Facility ID: 001073

If continuation sheet

Page 9 of 9